

**AUTHORITY FOR RELEASE OF MEDICAL & NON-MEDICAL INFORMATION**

I ANN QUILLIGAN.....[name], born 07-12-1966  
of 21 DALE FARM.....[current address]  
BILLERICAM

authorise the release of medical and non-medical information concerning myself and  
my children

PATRICK.....[name], (born 17-08-1995)

(NELLIE)  
NEILLIE HELEN.....[name], (born 24-03-2000)

A.....[name], (born,.....)

.....[name], (born,.....)

.....[name], (born,.....)

to my solicitors, Davies Gore Lomax, 63 Great George Street, Leeds LS1 3BB, and to  
those instructed by my solicitors.

**Signed:** .....

Dated: 21-05-2009

**Information:**

I have attended hospital at ..... \* HELEN ATTENDS  
GT ORMOND ST HOSPITAL

The consultant was.....

My doctor is.....

of WICKFORD HEALTH CENTRE